



Project H*E*R*O

International Code Council Foundation

PLEASE READ THIS INFORMATION PRIOR TO COMPETING APPLICATION

Please provide all information requested on the attached application **AND** items 1-8 below. Although not mandatory, applications should include information and signature of County Veteran's Counselor in your county. Failure to provide any information may disqualify your application.

ELIGIBILITY CRITERIA:

The following minimum basic eligibility criteria must be met (and verified when indicated) in order to be considered for this program. Note: Compliance with this criteria alone DOES NOT GUARANTEE assistance will be granted.

Applicants must:

1. Be a veteran with a disability (partially or completely) recognized by the VA or other agency. **Provide** copy of written verification.
2. **Certify** they are not receiving financial assistance specifically for renovation to the residence through the VA, the Michigan Veteran's Trust Fund or other sources. Typical government disability or Social Security assistance is acceptable.
3. Have been honorably discharged. **Provide** written verification.
4. Be the owner of the residence being proposed for renovations. A residence owned by a legally recognized parent or guardian of a qualified veteran will also be considered. **Provide** documentation verifying ownership.
5. Be financially able to maintain current financing arrangements for the residence being proposed for renovations. **Provide** contact information for current Mortgage institution or other lending source where applicable.
6. Be current on all applicable property taxes related to the residence.
7. Be unable financially to make the proposed renovations without Project HERO assistance. **Provide** detailed information and contact information regarding current income sources, debts and liabilities, etc. which would support your claim.
8. Be willing to be subjected to a background check through applicable law enforcement agencies.

APPLICANT MUST **SIGN AND DATE** APPLICATION WHERE INDICATED.

APPLICATION DEADLINE IS JANUARY 1, 2007.

RETURN COMPLETED APPLICATION FORM TO:

Daniel Dykstra
Michigan Department of Labor & Economic Growth
Organizational Development Office
300 N. Washington Sq., 4th floor
Lansing, MI 48913
517-241-8804

OR

BY FAX TO:

517-373-3150
Attn: Daniel Dykstra
DLEG Organizational Development Office

Sponsoring Agencies





Michigan Application Form
Michigan Department of Labor & Economic Growth
Organizational Development Office
Attn: Daniel Dykstra
300 N. Washington Sq., 4th Floor
Lansing, MI 48913

1. APPLICANT INFORMATION

NAME		ADDRESS	
CITY, VILLAGE OR TOWNSHIP WHERE RESIDENCE IS LOCATED		ZIP CODE	
DOES APPLICANT OWN RESIDENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)			
BRANCH OF SERVICE AND DATE OF DISCHARGE			
DESCRIPTION OF DISABILITY AND EXTENT			
By signing below, I certify that I am not receiving assistance from the VA or other source <u>specifically designated for renovations to my residence</u> , and I authorize a background check to be done.			
APPLICANT'S SIGNATURE		DATE	

2. PROPOSED RENOVATIONS / IMPROVEMENTS TO RESIDENCE (use separate sheet to completely describe if necessary, including cost estimates if available)

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3. WHY ARE THESE RENOVATIONS / IMPROVEMENTS NECESSARY TO APPLICANT AND HOW WILL THEY IMPROVE APPLICANT'S QUALITY OF LIFE?

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4. COUNTY VETERAN'S COUNSELOR INFORMATION

NAME		AGENCY	
TELEPHONE NUMBER (Include Area Code)			
COUNTY VETERAN'S COUNSELOR SIGNATURE		DATE	

Sponsoring Agencies

